

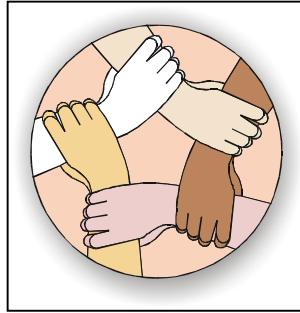
Our Council Goals

- Oversee the Federal Block Grant, including recommending the plan, amendments and reports submitted by the Mental Health Division to the Center for Mental Health Services.
- Develop and take advocacy positions concerning legislation, funding and regulations affecting mental health services through the use of mental health statistics for decision-making and planning.
- Support and advocate for quality, cost-effective and individualized consumer/family-based services through evidence-based best practice models of care. Support research and use of promising practices through continuous quality improvement.
- Promote optimal functioning for consumers across the life domains by removing barriers to services. The Council's focus will be education for children; supported employment for adults; and/or meaningful daily activities for older adults.
- Support education about mental illness and other mental disorders in an effort to reduce stigma.

Resources

Links to several relevant reports, such as the following, can be found at www.wamentalhealth.org.

- News Release -- "Early mental health treatment for people on Medicaid reduces deaths, lowers medical costs."
- "The Prevalence of Serious Mental Illness in Washington State."



Internet Town Hall

We encourage legislators to participate in a Council-sponsored discussion board at www.mentalhealthtownhall.org.

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Washington State Mental Health Planning and Advisory Council



“Plan, Advocate and Evaluate”

The Mental Health Planning and Advisory Council is the citizen advisory council mandated by Washington and Federal Law to review Mental Health Division policies, plans, and budgets and to make recommendations and assure a strong link between government decisions and consumer needs and concerns.

Web Site:

www1.dshs.wa.gov/mentalhealth/mhpac.shtml

Who Are We?

The Mental Health Planning and Advisory Council (the “Council”) membership consists of 30 consumers and advocates from around the state and members from designated governmental and regional agencies.

Our Purpose

- Advise Washington State government about its plans which affect mental health services.
- Monitor, review and evaluate the allocation and adequacy of mental health services in Washington State.
- Advise the Washington State government about quality of mental health services for persons who rely on publicly-funded programs.
- Develop and adopt advocacy positions about legislation and regulations that affect publicly-funded mental health services.

What Do We Offer?

We offer a collective knowledge and experience for providing support and consultation about mental health care policy and budget planning.

What Do We Want?

We want *your* assistance to improve the quality of mental health services for all persons who rely on publicly-funded care in Washington State.

Current Trends That Need Attention!

In our experience, the following trends are the most troubling.

- Number of homeless and incarcerated people with mental illness is rising sharply.
- Non-Medicaid services are not available in most counties resulting in thousands of consumers being denied access to outpatient care which leads to expensive emergency room and hospitalization services.
- Caseloads are rising sharply, compromising consumer care and recovery.
- Decreasing services to older adults.

The Council’s 2005 Legislative Priorities

- Support fully funding non-Medicaid services historically offered by RSNs with emergency stop-gap funds for January to June 2005.
- Establish adequate community-based options such as Expanded Community Services *before* downsizing hospitals.
- Suspend liquidated damages procedure against RSNs.
- Support the Washington State Coalition for Insurance Parity’s efforts for mental health parity legislation.
- Support development and funding of consumer-run mental health services.

Short Position Statements

The following are summary statements regarding selected legislative priorities.

• Fully Fund Non-Medicaid Services

Due to new federal mandates, so-called Medicaid savings will no longer be available to fund non-Medicaid services which include most crisis services, among others.

Non-Medicaid services will require stop-gap funding starting January 1, 2005. It is our opinion that it would be foolhardy to dismantle significant programs before the Washington State Mental Health Task Force finalizes its recommendations in June 2005.

• Suspend State Hospital Downsizing

Due to changes in the law regarding transfers of patients from forensic beds to general beds at state hospitals, availability for general beds has substantially diminished. This has not only caused significant waiting lists for beds in communities but has led to increased liquidated damages against RSNs. A recent study has established that there is a severe shortage of community-based beds.

• Expand Community Services Now

Increase Expanded Community Services (community wrap-around services for vulnerable patients) before downsizing state hospitals.